

deaths among people who would not die if their life expectancy and death rates were the same as whites.

This crisis in health care is compounded by the fact that there is a severe underrepresentation of minorities in the health professions. In fact, African-Americans and Hispanic-Americans represent only 3.2 and 4.4 percent of our Nation's practicing physicians, respectively. There has also been very little growth in the number of minority medical school matriculants.

It is important for Congress to realize that—in spite of this Nation's biomedical research advances and increasing ability to treat many chronic diseases, the disparity in the health status of minorities in the United States is continuing to deteriorate.

My colleagues, it is against this backdrop of continued human pain and suffering that I introduce, and I ask that you lend your support to ensure—the enactment of the Disadvantaged Minority Health Improvement Authorization Extension Act of 1997.

Mr. Speaker, the Disadvantaged Minority Health Improvement Act of 1990 gave us the initial tools that are essential for ensuring an improved health status for all Americans. As the disparity in minority health continues to grow and as this disparity cannot be alleviated overnight, the rationale for the Disadvantaged Minority Health Improvement Act is as current and as essential today as it was 8 years ago. It is vitally important that these programs continue.

Mr. Speaker, since the original enactment of this legislation, it has been tinkered with and changed statutorily four times. It is my preference to simply reauthorize these programs and allow them to continue their important work.

Mr. Speaker, the Disadvantaged Minority Health Improvement Authorization Extension Act of 1997 is designed to ensure an improved health status for all Americans. The urgency of the enactment of this legislation is extremely pressing. This national health problem affects each of us and our communities, individually and collectively. Therefore, our joint commitment is required in order to alleviate it. I also strongly urge immediate action on this legislation, and I ask my colleagues to lend their strong support to the enactment of the Disadvantaged Minority Health Improvement Amendments Act of 1997.

INTRODUCTION OF THE SAMUEL MUDD RELIEF ACT OF 1997

HON. STENY H. HOYER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 1997

Mr. HOYER. Mr. Speaker, I rise today to introduce legislation which seeks to clear the name of Dr. Samuel A. Mudd and set aside his conviction for harboring John Wilkes Booth, the assassin of President Abraham Lincoln. Due to the tremendous amount of controversy over Dr. Mudd's conviction, his case was reviewed by five high-ranking civilian employees of the Department of the Army in January, 1992. After all the testimony and evidence was presented, the civilian panel unanimously declared Dr. Mudd innocent of the charges. However, without commenting on the

facts in this case, the Acting Assistant Secretary of the Army declined to accept this decision based on jurisdictional grounds. I believe that Dr. Mudd deserves an official exoneration, and that the Department of the Army should follow the recommendations of its own civilian panel, and that of two former Presidents.

On April 14, 1865 President Lincoln was assassinated at Ford's Theater by the actor, John Wilkes Booth. Following the extensive manhunt for Booth that ensued, on April 21, 1865, Dr. Samuel Mudd, a gentleman farmer and physician, living in Southern Maryland, was arrested for "aiding and comforting" Booth. Specifically, he was accused of setting Booth's leg which was broken when he jumped off the balcony onto the stage at Ford's Theater.

Dr. Mudd was represented by General Thomas Ewing, Jr., who served in the U.S. House of Representatives in the 1870's, representing Lancaster, OH. Because President Lincoln was also Commander in Chief, Dr. Mudd was tried before a military commission, known as the Hunter Commission. Although he was found guilty, Dr. Mudd was imprisoned, not hung as were four of Booth's alleged co-conspirators. After being imprisoned in the Dry Tortugas for 4 years, President Andrew Jackson pardoned him because of his devoted medical care of prisoners and guards in a yellow fever epidemic.

For more than 75 years now, Dr. Richard Mudd, the grandson of Dr. Samuel Mudd, has been working to have his grandfather's conviction set aside. He is now 96 years old and has devoted his entire adult life to this very important and worthy cause. His efforts to have the Department of the Army set aside the conviction have been, and continue to be, grounded in fact and have substantial support among historians throughout the Nation. Moreover, former Presidents Carter and Reagan have both written letters proclaiming their belief that Dr. Mudd was innocent.

In July, 1990, at the urging of Senator BIDEN, the Judge Advocate General of the U.S. Army determined that the U.S. Army Board of Correction of Military Records [ABCMR] had the jurisdiction to review such a case and to determine the feasibility of setting aside the conviction. For 2 years, the Mudd family collected historical information and prepared their case, which was presented to the Army in January, 1992. Their argument that Dr. Mudd's conviction should be set aside was based on the premise that the Army did not have jurisdiction over a civilian, who had a constitutional right to be tried by a jury of his peers in civil court. Moreover, his due process rights, they argued, had been violated because insufficient evidence of his guilt had been presented to the military commission.

Mr. Speaker, the five member board unanimously found that Dr. Mudd's conviction should be set aside and recommended such action to the Secretary of the Army. They had determined that the Hunter Commission of 1865 did not have the jurisdictional authority to try Dr. Samuel Mudd and that he had suffered a "gross infringement of his constitutional rights." These jurisdictional arguments were bolstered by a Supreme Court decision in 1886 that a citizen of the United States, who was not a member of the armed forces, could not be tried by the military when the civil courts are open and functioning. However, in a surprise decision in July, 1992, Acting As-

sistant Secretary William D. Clark declined to adopt the Board's recommendation. While this decision was appealed in August, 1992, no further action was taken until March, 1996.

In March, 1996, as over 130 years had passed since the assassination of President Lincoln, Assistant Secretary Sara Lister declined to adopt the board's recommendation to set aside Dr. Mudd's conviction, adding that her decision did not "involve the substantive aspects of whether Dr. Mudd was actually guilty or innocent." Rather, Assistant Secretary Lister found that it was improper to attempt to retry this case or determine the feasibility and appropriateness of a decision made over 100 years earlier. She thus found that she did not have the appropriate jurisdiction to set aside Dr. Mudd's conviction. She determined that "It would be inappropriate for the Army to administratively correct the record of conviction or attempt to alter legal history by non-judicial means."

However, Mr. Speaker, for those of us who believe that there is significant evidence and information proving Dr. Mudd's innocence, therefore agreeing with the ABCMR's 1992 decision, we cannot stand idly by and allow this conviction to stand. If the facts are clear and conclusive, as the ABCMR found in 1992 and as former Presidents Carter and Reagan have determined, then the Congress must act to set aside the conviction of an innocent man.

Despite the Army's claim that the appropriate time to appeal this decision was 130 years ago, we must understand the hysteria and upheaval that ensued immediately following President Lincoln's tragic assassination. It is clear that the pressure to round up and arrest all of those involved in the assassination led to a conviction that fell far short of meeting the prosecution's burden of proof requirement. Moreover, the process by which Dr. Mudd was found guilty clearly violated his constitutional right to a "trial by jury."

Governor Engler and state legislators from Michigan, including Senator William Van Regenmorter, and the Charles County Board of Commissioners in Maryland support efforts to have this conviction overturned. Moreover, there are hundreds of people throughout the Nation who are dedicated to seeing justice served and history recorded accurately in this case. I am introducing this legislation today with my colleague from Illinois, Representative THOMAS EWING, who himself is collaterally related to Samuel Mudd's lawyer. It directs the Secretary of the Army to set aside the conviction and specifically cites the denial of due process of law and insufficient evidence. Because Dr. Mudd was found guilty by a military court, his record can only be cleared by the U.S. Army.

Mr. Speaker, while it is clear that Dr. Mudd did set John Wilkes Booth's broken leg, there is absolutely no evidence to suggest that he was either a co-conspirator in the assassination of President Lincoln or even aware of the events which had occurred earlier that evening on Friday, April 14, 1865.

I urge my colleagues to join me in ensuring that history is recorded accurately and that our Nation's most basic individual rights, embodied in the Constitution, are not violated at any time. Dr. Samuel Mudd's name and honor and that of his family, many of whom live in my district, hangs in the balance. We ought to allow the findings and decision of the Army Board of Correction of Military Records, the

most reputable and qualified entity to date which has reviewed this case, to stand, thus ending the 132-year-long disservice accorded to Dr. Samuel Mudd.

IN HONOR OF LYDIA TRINIDAD: A
DISTINGUISHED WOMAN AND
TRUE HUMANITARIAN

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 1997

Mr. MENENDEZ. Mr. Speaker, I rise today to pay tribute to an outstanding woman, Ms. Lydia Trinidad, who has distinguished herself through selfless dedication to the residents of my home State of New Jersey. Ms. Trinidad's efforts to further the course of personal development will be recognized at the 17th Annual Humanitarian Awards Dinner of the central New Jersey Chapter of the National Conference on June 12 at the Landmark Inn in Woodbridge, NJ.

Tomorrow's celebration is another milestone in a lifetime of service to others. For 23 years, Ms. Trinidad has worked tirelessly as an advocate for the lives of low-income families and individuals, a segment of our society whose needs are often overlooked. In 1980 Ms. Trinidad joined the Puerto Rican Association for Human Development [PRAHD], then a small community organization. As executive director since 1981, she expanded PRAHD to the comprehensive social services agency it is today, serving 12,000 people annually through its 18 programs. Ms. Trinidad's firm commitment to individual development, family advocacy, and the need for intergenerational interaction permeates every facet of this highly respected organization. Under Ms. Trinidad's direction, PRAHD has become a significant source of employment in the central New Jersey area.

Born on the island of Puerto Rico, Ms. Trinidad moved to Perth Amboy, NJ, in 1959 where she still resides. Ms. Trinidad graduated from Montclair State University with a degree in psychology and a minor in sociology. She has chosen to further her education through participation in a number of training programs and seminars in social work, management, business, and bilingual education. Prior to her tenure with PRAHD, Ms. Trinidad served as a counselor/advocate at the Middlesex County shelter as well as assistant manager of the Community Chapel Home in Perth Amboy.

Personally active in the community, Ms. Trinidad sits on various boards, committees, and civic groups including: the William Paterson College Board of Trustees, the Raritan Bay Medical Center Board of Directors, State of New Jersey Department of Human Services Hispanic Advisory Committee, the Central N.J. Chapter of the National Conference—formerly National Conference of Christians and Jews—the Middlesex County REACH Advisory Committee, the State of New Jersey Juvenile Intensive Supervision Program Advisory Council, and the Puerto Rican Congress of New Jersey as board secretary.

Ms. Trinidad has been recognized for her achievements by various awards, including the William Paterson College Presidents Medal; the City of Perth Amboy's Key to the City; the Community Empowerment Award from the Na-

tional Conference of Puerto Rican Women, Inc.; Woman of Excellence Award for the Middlesex County Commission of the Status of Women, and the Ariel Trophy from the American Association of Writers Journalists.

It is a privilege to have such a considerate and caring person and working on behalf of the residents of my district. Ms. Trinidad exemplifies the ideal of community service at its best. I am certain my colleagues will rise with me and honor this remarkable individual.

QUALIFIED APPLICANTS ONLY

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 1997

Mr. PAUL. Mr. Speaker, it has recently come to my attention that Dr. Albert Schweitzer, well known for his selfless dedication to bringing medical care to thousands of poor Africans, would currently be unlikely to gain admittance to an American medical school due to his status as a Lutheran minister. A recent study of medical school admissions practices identified a pervasive bias against medical school candidates with strong religious views.

This aberration in American education was carefully researched and detailed in an article jointly authored by Albert E. Gunn, Esq., M.D., associate dean of admissions at the University of Texas—Houston Medical School and George O. Zenner, Jr., M.D., associate professor at the University of Texas—Houston Medical School. The research of these two highly qualified professionals warrant careful consideration and, as such, I commend the research done by Drs. Gunn and Zenner and am pleased to enter Joseph Sobran's commentary on this significant work into the CONGRESSIONAL RECORD.

QUALIFIED APPLICANTS ONLY

(By Joseph Sobran)

Do medical schools screen Christians out? The question is rarely asked in public, but it has recently received a public answer anyway, though it's not likely you've heard about it.

An article by Albert E. Gunn and George O. Zenner (both doctors) in the spring issue of *Issues in Law & Medicine*, published in Terre Haute, Ind., offers some appalling findings, taken from interviews and evaluations of applicants to an unnamed school of medicine. The article deserves wider circulation, so permit me to quote extensively from it. It confirms suspicions that hadn't even occurred to me yet, though they should have—proving once again that contemporary life outdoes not only satire, but the most beady-eyed conspiracy theories.

Excerpts from the interviewers' comments on various applicants speak for themselves:

"In discussing various issues related to medicine—especially ethical and moral issues—I felt that her viewpoint was rather narrow or rigid and that she has not thought the issues through very well. She is strongly religious and calls herself a 'Christian'."

"* * * I found Mr. — to be immature and quite rigid in his thinking. * * * His interests seemed to be exclusively in outdoor sports and in church activities. * * * I was somewhat concerned by Mr. —'s attitude toward religion and medicine. He is a strict Christian who believes in the literal truth of the Bible. He does not believe in the Darwinian theory of evolution, and does not feel

that it should be taught in schools and colleges in the way it is presently taught. In hypothetical situations in which he as a doctor might advise a patient about contraception or abortion, Mr. — insisted upon taking a highly moralistic stance. For example, he said that when advising a 25-year-old woman about contraception, he would first want her to convince him that her activities were 'moral.' I found this attitude very disturbing."

"Mr. — is very enthusiastic. * * * God and religion very much influence his life. * * * Mr. — shows potential for a medical career provided he controls his own preconceived attitudes on what will help a patient."

"What makes this interview difficult is that the student is certainly different from most applicants and is heavy on religion, as expressed numerous times in his essay. Knowing how concerned the committee is about such matters, I questioned him in some detail but not in any way, I believe, to influence his answers. * * * He prays frequently and has fasted on one occasion for three days waiting for a message from God to help him make a difficult decision. He does not hear voices. God answers him by giving him a feeling of what is the right decision. A lot of these matters are reminiscent of other applicants that the committee has turned down, fearing either a psychiatric disorder or a situation where the individual as a medical student or physician will 'moralize' or force religion on a patient when not indicated."

And a few brief comments about various applicants, from viewers and the admissions committee:

"Vague discussing abortion."

"He has found God but does not hear voices."

"Negative view of candidate who said she was Catholic and this influenced her view on abortion."

"Applicant would counsel against abortion and would not refer patient for abortion."

"Do not recommend acceptance due to indecisiveness on abortion and pulling the plug."

"Displayed rigidity in comparing future of fetus to future of pregnant 16-year-old girl."

"Rigid, born-again Christian. Has not resolved how abortion will affect medical practice."

The authors of the article note that "several of the applicants appeared reluctant to discuss their views, possibly fearing that their opposition to abortion might jeopardize their selection." No wonder, when the views of those who expressed disapproval of abortion were so often frowningly judged "rigid," "narrow," and even "indecisive." The authors observe: "No extant records contain a case in which an applicant who favored abortion was described in negative terms."

Not that all Christian applicants were rejected, of course—that would be either demographically difficult or at least suspicious-looking. But even the positive comments of the interviewers and committee display a telling bias:

"... I am personally satisfied that he is not a born-again Christian. ..."

"Very religious and moralistic but not evangelistic."

"Mexican-American Catholic, observant, not fanatical."

"He would not hesitate to recommend an abortion or birth control devices to young ladies for whom this would be appropriate. ... While superficially he resembles other applicants who have been objectionable to the committee, on looking more closely, I am sure he should not be regarded as such."

In the interviews and evaluations, the authors point out, only Christian views and